

SAFE Association

Membership/Information Request

- ☐ I am interested in additional information on SAFE
☐ Please send me a membership application for: ☐ Individual ☐ Corporate

☐ Mr. ☐ Ms.

Rank/Title _____

First _____ MI _____ Last Name _____

Address _____

City _____ State _____ ZIP _____ Country _____

☐ *You may E-mail my application form to: _____

☐ *Or fax the application to: _____

(*Information package will be mailed)

SAFE Association • Phone: (541) 895-3012 • E-mail: SAFE@POND.NET • Fax: (541) 895-3014

**POSTAGE
REQUIRED**

**SAFE ASSOCIATION
P.O. BOX 130
CRESWELL, OR 97426-0130**